



PACIFIC WORKERS'
THE LAWYERS FOR INJURED WORKERS
Workers' Compensation - Personal Injury

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December 9, 2020

Amy Olson
Colantoni Collins San Francisco
201 Spear St Ste 1100
San Francisco, CA 94105

Re: Jonathan Shockley v. Cardionet LLC
WCABADJ12031731
DOI CT 06/25/2018 - 02/15/2019
Claim No. 7173815490

Dear Ms. Olson,

As you are likely aware, my office represents Jonathan Shockley with respect to his above-referenced workers' compensation matter. We are writing as we have now received the QME supplemental report of Dr. Stoller, which issued in response to your request for review of records and appears to continue to find industrial causation for my client's neck as a result of the CT through 02/15/2019. Please consider this our demand for the following:

- Immediate written acceptance of the neck and written authorization to Dr. Jamasbi to provide treatment; and
- Submission of all previously deferred RFAs for treatment of the neck through UR.

Thank you for your attention to this matter. Should you wish to discuss this case, please do not hesitate to reach out to my office. Should you not issue said acceptance letter within the next 10 days, we will be filing a Declaration of Readiness.

Very truly yours,
PACIFIC WORKERS' COMPENSATION LAW CENTER

Zachary Kweiler, Esq.
ZK/sg

Enclosure: 12/03/2020 QME Supplemental Report of Dr. Stoller

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MEDICAL LEGAL SUPPLEMENTAL REPORT

RE: SHOCKLEY, Jonathan

DOB: 09/27/1978

INSURANCE: Chubb Group Insurance Company

CLAIM #: 7173815490

DOI: 02/15/2019

EMPLOYER: CardioNet

Dear Concerned Parties,

I am in receipt of supplemental medical records for Jonathan Shockley. I have spent 3 hours in medical record review with the help of Doctus reviewing 470 pages of records. I have spent 45 minutes drafting and editing this report. This will be billed as an ML-106 with 3 hours and 45 minutes spent.

Medical Record Review:

1. Deposition of Jonathan Shockley, 10/10/19
2. Workers' Compensation Claim Form (DWC 1), 02/19/19
3. Adam J. Stoller, MD, 04/01/20, 04/06/20, 09/20/20

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4. Andreas Schwerte, LAc, participated in acupuncture therapy sessions from 11/05/19 to 06/23/20
5. Annie Ting, OT, 03/18/19
6. Babak J. Jamasbi, MD, 10/21/19
7. Golden Gate Hand Therapy, participated in occupational therapy sessions from 03/18/19 to 05/29/19
8. Golden Gate Hand Therapy, participated in physical therapy sessions from 03/18/19 to 06/05/19
9. Jessica Aikin, PA-C/Babak J. Jamasbi, MD, 11/22/19, 01/10/20, 04/24/20, 05/29/20, 06/12/20, 07/10/20, 08/07/20, 09/04/20, 09/25/20, 11/06/20
10. Julis Fellows, PA-C/Babak Jamasbi, MD, 01/15/20, 02/26/20, 03/25/20
11. Leonard Gordon, MD, 07/22/20
12. Neeti Bathia, MD, 02/10/20
13. Patrick O. Lang, MD, 03/01/19, 04/16/19, 05/02/19, 05/14/19, 05/28/19
14. Diagnostic Examination Reports:

- a. Cross-Table MRI of Cervical Spine without Contrast, 04/03/20

02/19/19 Workers' Compensation Claim Form (DWC 1). (DOI: 02/15/19).

Employee sustained cumulative repetitive stress injury to upper extremities, hands, wrists and forearms.

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RE: SHOCKLEY, Jonathan

03/01/19 Patrick O. Lang, MD - The Hand Center Hand Surgery Consultation. HPI: Patient presents for evaluation of his bilateral hand, wrist, and forearm pain. He reports a several month history of worsening bilateral hand, wrist, and forearm pain. He reports that his job requires very intense and prolonged use of a computer and mouse. The symptoms arose in the setting of at work. He does not recall any other specific history of trauma. He reports vague and diffuse bilateral hands, wrist, and forearm pain. Past Surgical Hx: Removal of bone spur from the foot and two prior Achilles tendon operations. Meds: Aspirin and Advil. Dx: Bilateral upper extremity repetitive strain injury. Tx Plan: Patient had a lengthy discussion with patient regarding his diagnosis of repetitive strain injury. The symptoms are undoubtedly related to his work on a computer. Recommended him to begin working with an occupational hand therapist on a repetitive strain protocol. Also talked with him about optimizing his computer workstation ergonomics and using dictation software is much as possible. All questions are answered. Work Status: TTD or no work. F/u in 6-8 weeks to reassess his symptoms.

03/18/19 Annie Ting, PT - Golden Gate Hand Therapy Physical Therapy Initial Evaluation. CC: Patient presents for physical therapy evaluation. He uses mouse for work primarily analyzing EKG. He reports over time it got worse on both hands. He stopped working 1 month ago because he realized if he kept going, it would get worse. He reports he is not currently very optimistic about going back to work and will likely return part-time rather than full time. He reports most of his coworkers had a bad set up and also had bad

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posture. He rates his pain as 3/10 at worse, 1/10 at best and currently 1/10. Dx: 1) Pain in right hand. 2) Pain in left hand. Tx Plan: Recommended to continue physical therapy as scheduled.

03/18/19 Annie Ting, OT - Golden Gate Hand Therapy OT Initial Evaluation. CC: Patient is a RHD who uses a mouse for work primarily analyzing EKG. He reports over time it got worse on both hands. He stopped working 1 month ago because he realized if he kept going, it would get worse. He uses a mouse mostly for work. He reports that he is not currently very optimistic about going back to work, and will likely return part-time rather than full time. He reports most of his coworkers had a bad set up and also had bad posture. Dx: 1) Pain in right hand. 2) Pain in left hand. Tx Plan: Recommended occupational therapy 1-2x/week for 6 weeks.

04/16/19 Patrick O. Lang, MD - The Hand Center of San Francisco, Inc PTP's Progress Note (PR2). CC: Patient has been under care for treatment of his bilateral upper extremity repetitive strain injury. His current occupation requires intensive sustained use of a computer and mouse. This has generated a vague bilateral upper extremity pain that has been refractory to conservative management. He continues to report pain in multiple locations in the bilateral hands, wrists, and forearms. These symptoms continue to wax and wane relative to his computer use. Dx: Bilateral upper extremity repetitive strain injury. Tx Plan: Patient has a clear case of repetitive strain injury affecting his bilateral upper extremities. He has made some adjustments to his ergonomic workstation and has seen some

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RE: SHOCKLEY, Jonathan

mild improvement in his symptoms. He continues to report that his pain is exacerbated by a computer use. Will maintain his work restrictions from computer use for the next 6 weeks. He will also continue working with his occupational hand therapist. Work Status: RTW/Modified duty. Restrictions: No computer use. F/u in 6 weeks. He is approaching Permanent and Stationary status.

05/02/19 Patrick O. Lang, MD - The Hand Center Work Status Report. Dx: RSI.
Work Status: Okay to return to work for ergo evaluation.

05/14/19 Patrick O' Long, MD Correspondence. Patient has been under care for treatment of his bilateral upper extremity repetitive strain injury. His symptoms are directly related to his work as a cardiology data analyst. He spends long hours on a computer every day in the course of his normal work. He was put on temporary total disability on his initial visit on 03/01/19 until 04/10/19. Examiner has agreed to place him on modified duty with the restriction of no computer use until his symptoms improve from 04/10/19 through 06/01/19. This is not an open ended work restriction, and will reevaluate his status in a few weeks. Hope is that he will be able to return to work with no restrictions following the next visit, as examiner has no additional treatment to offer him. He is continuing to work with his occupational hand therapist in the meantime. In summary, he will remain on modified duty with the restriction of no computer use until the first week of 06/2019. At that point, anticipated that he will be Permanent and Stationary status with no residual work restrictions.

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RE: SHOCKLEY, Jonathan

05/28/19 Patrick O. Lang, MD - The Hand Center of San Francisco, Inc Treating Physician's Permanent and Stationary Report/PR-3. (DOI: 06/25/18) Hx of Injury: Patient was referred for bilateral upper extremity pain. His symptoms arose in the setting of his work as an EKG technician. His job is a quota-based position that requires him to analyze large number of EKG reports on a computer monitor. This involves extensive mouse clicking in a repetitive fashion. In the course of his work, he developed a diffuse of bilateral hand and forearm pain. His problem has been managed conservatively with work restrictions and occupational hand therapy. In addition, he has undergone a formal ergonomics evaluation of his computer work station. CC: Patient continues to report vague bilateral hand and wrist and forearm pain. He has been off work for several weeks now, but the symptoms are persistent. He reports that he was talking on phone just a few days ago and had a significant exacerbation of his right wrist and forearm pain from simply holding a phone. Dx: Patient with bilateral upper extremity repetitive strain injury. Tx Plan: Had a lengthy discussion with him regarding his current status. Unfortunately, have no treatment to offer him. His symptoms are classic for repetitive strain injury and are clearly related to the nature of his work as a reviewer of EKGs. Told him that the prognosis for these sorts of repetitive pain symptoms is highly variable. The suspicion is that the symptoms will eventually resolve. The timeline is not clear. His emphatic about being unable to use a computer as any minor use of computer causes flares in his symptoms. Therefore, recommended to designate him Permanent and Stationary with the permanent restriction of no computer use. No future medical care is needed. Work Status: RTW/modified duty. Restrictions: No use of computer. No f/u needed.

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05/29/19 Golden Gate Hand Therapy Patient participated in occupational therapy sessions from 03/18/19 to 05/29/19.

06/05/19 Golden Gate Hand Therapy Patient participated in physical therapy sessions from 03/18/19. 06/05/19.

10/10/19 Deposition of Jonathan Shockley taken on 10/10/2019: Vol I

Page 8 – The applicant did not know how to drive. Page 10 – At the time of the deposition, he was on baby aspirin, which he took every day. It was not prescribed, and he took it for its anticancer properties. Page 11 – He took Advil as needed for the symptoms in his hands intermittently from the beginning of 2019. He took Advil before going to bed, if the pain in his hands was severe. He took it whenever he experienced a flare-up. The applicant claimed cumulative trauma through February 2019. Page 12-14 – Approximately in 2009, or about ten years ago, he had some pain in his right wrist that had developed over time. He went to Dr. Robert Markison, a doctor on Van Ness Street in San Francisco, for one visit. The doctor taught him how to do an exercise that would send warmth to his hands through some type of a focus. He stated that the treatment was almost meditative. He had done the exercises that the doctor instructed him to do. At the time of the deposition, he had claimed injury to his bilateral upper extremity, including his hand, fingers, and right wrist. Page 15 – After the one appointment with Dr. Markison, the applicant's right wrists symptoms resolved. He had performed the meditative techniques to reduce the stress in his wrist only a few times. He stated that the pain went away on its own within a few weeks, and mostly not because of the

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exercises. He did not recall missing any time from work due to the right wrist symptoms.

Page 17 – He recalled that he had a visit with Dr. Markison only for his right wrist symptoms, and not for his right hand. Page 18 – He had a prior workers' compensation claim in 1996 or 1997, for issues to his ankle or feet. Page 19 – The applicant agreed that he had a 03/25/1998 left foot injury against Boston Ballet and a 12/02/1998 injury to both his feet against the Tulsa Ballet Theater. After the 03/25/1998 left foot injury, he received medical treatment and then returned to work. Page 20 – He did not recall receiving medical treatment for the 12/02/1998 injury. He agreed that he had a 05/18/2001 injury to his Achilles against the San Francisco Ballet Association. Page 21-23 – He received medical treatment, but then had to retire from his ballet career due to the Achilles injury. He had had another injury to his same right Achilles tendon on 09/24/2001 against the San Francisco Ballet Association. He stated that he had two surgeries to his right Achilles. The second surgery was partially successful. He stated that other than those surgeries, he underwent surgery for his adenoids and sympathectomy in San Francisco in 2000 or 2001. He also underwent Lasik surgery for his eyes and had a bone spur removed surgically from a toe in his right foot, in 2000, before his Achilles surgery. Page 24 – In the last five years, he had been to the ER at Saint Francis in San Francisco several times. Once, his urine was red, another time, he had difficulty breathing, and once it was for a kidney stone. Page 26 – He started working at Biotelemetry, his employer at the time of the deposition on 06/25/2018. He last worked there on 02/15/2019. Page 27&28 – Before that, he worked for Pacific Chess School for about two years. He stated that he went to several different schools in San Francisco to teach chess. He agreed that his job duties included the use of his hands because he was teaching chess. He stated that the job was part-time, and he worked only once or twice a week, for an hour and a half. He affirmed that

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he did not feel any pain in his right wrist or right hand while teaching chess. Page 29 – Before that, he worked part-time for the Berkeley Chess School in 2015 or 2016. It was an after-school activity for the children. He taught for about an hour or an hour and a half, about four or five times a week. Page 30 – He estimated that he taught for about eight hours a week. Before that, approximately from 2011 to 2014, he worked for the San Francisco Youth Ballet. Page 31 – He agreed that he had retired as a professional ballet dancer after his second ankle surgery in 2002 or 2003. After that, as he had not recovered, he considered himself retired. In 2001 after the injury, he still had hopes. Page 32 – He worked part-time at the San Francisco Youth Ballet. He estimated that he worked there for about ten hours a week, teaching children ballet. Page 33 – He affirmed that he last worked with Biotelemetry on 02/15/2019. Since then, he had experienced pain in his right big toe. He stated that he wore a toe spacer and he was walking a lot. The right big toe pain started about a few weeks ago. The doctor did not know what the cause of the pain was, and he was already feeling better. The applicant stated that the bone spur surgery that he had in 2000, was to his right big toe itself. At the time of the deposition, the pain in the right big toe had resolved to a substantial extent. Page 35 – The applicant's job title with Biotelemetry was that of a Tech 1. His job duties for the first few months included editing, classifying EKGs that came in through mobile cardiac devices that people wore and answering phone calls about a particular EKG. Then, the job was more purely just processing the EKGs straight from the computer. He answered phone calls for some time too. Page 36 – He agreed that while processing EKGs, he used the keyboard and a mouse. He worked for about 40 hours a week. He stated that of his eight-hour shift, he spent about seven hours on the computer. Page 37 – He agreed that he developed the pain in his hand and wrist over time. His right hand, right wrist, and

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right forearm started hurting first. He then switched to a left mouse and incorporated a pedal for clicking to take some load off his right hand. Page 38&39 – He explained that he used a vertical left mouse and he clicked the pedal with his foot. He agreed that it was like a bass drum, to spread the load. He stated that due to the clicking, he started experiencing symptoms in his foot too. Those symptoms resolved. He agreed that with the left mouse and the pedal, he used his left hand to move the mouse and his foot for the clicking function. He had initially started using the left mouse, and then after some time had incorporated the pedal. Page 40 – After a while, he started experiencing the symptoms in his left upper extremity too. He stated that he was mostly right-handed. The day he stopped working, he experienced pain in both his hands, but it was slightly worse in his right hand. The right hand flared up more easily than his left. As he was right-handed, he tended to use his right hand more often. Page 41 – The applicant agreed that he had received medical treatment from Dr. Patrick O. Lang. Dr. O. Lang placed him on permanent work restrictions and said that he was permanent and stationary. He had restricted him from working on the computer and had told him to limit or reduce his hand activity. He had told the doctor that lifting anything or even holding or using his phone caused him pain in his hand. Page 42 – The work restrictions in the 05/28/2019 report stated modified duties with no use of the computer. The applicant stated that his employer was unable to accommodate that, as most of his duties were involved the use of the computer. The applicant affirmed that he had not returned to work at Biotelemetry. Page 43 – He confirmed that he had issues with his right-hand fingers. He stated that he had some issues in the tendons of the left hand as he moved and used his fingers. He reconfirmed that he had symptoms in his right forearm, right wrist, right hand, and right fingers, and when he experienced a flare-up, the pain radiated to his right shoulder, almost touching his neck. Page

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44 – He stated that most of the time, it was from his elbow to his fingers, bilaterally. Page 45 – The applicant stated that the intensity of his flare-ups differed. He stated that at its maximum, he experienced pain at 7/10 or 8/10 during a flare-up. He had experienced two of those flare-ups since he had stopped working. Page 46 – He added that he experienced more of the lesser intense flare-ups when his activity was greater than a certain amount, every day. On 05/28/2019, he had told Dr. O. Lang that the therapy he received was not beneficial. Page 47 – In his report, the doctor had stated that he did not have any further medical treatment to offer the applicant. However, he had recommended modified duties with restricted use of the computer. The 5/28/2019 permanent and stationary report from Dr. O. Lang was marked and identified as Exhibit 1. Page 48 – The applicant had a computer at home, and he used it. He had purchased modifications for the computer at home so that he could use it within the restrictions provided by Dr. O. Lang. He had bought a head pointer that worked by moving one's head, a set of pedals for clicking, and the Dragon speaking software. Page 49 – He could, thus, use the computer without using his hands. However, as he was required to use his neck, he did not do that for too long as it caused soreness in his neck. His neck pain forced him to limit the amount of time that he spent on the computer using the modifications. Also, since he had toe pain, it hurt him to use the pedal, too. He attributed his neck pain to his modified use of the computer and his phone. He stated that he used a mouth stick and a physical head pointer that he strapped to his head with a metal point and he moved it in a certain way while using his phone. Using the voice control on his phone tired his voice too. Page 50 – He affirmed that he had told Dr. O. Lang about the head mouse, the pedals, and the Dragon speaking software. The doctor had encouraged the applicant to minimize hand use. The applicant had told Dr. O. Lang that he experienced neck pain on using the head pointer

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for too long. Page 51 – He had experienced neck pain from the first day that he started using the head pointer. He stated that he had to coordinate the movement of his feet and his head for using the pedal and the head pointer. He had purchased the head pointer for his computer several months ago, after his last day at work. Page 52 – He did not recall when he had exactly told Dr. O. Lang about the head pointer bothering his neck. Dr. O. Lang had been the only person that he had treated with for his workers' compensation injury. Page 53 – He received only physical therapy through Dr. O. Lang. He stated that he received about 20 sessions of physical therapy. Page 54 – The doctor had not done any imaging or diagnostic studies. Page 55&56 – The 03/01/2019 initial report from the doctor was marked and identified as Exhibit 2. The applicant confirmed that Dr. O. Lang had not physically examined his arms even once. However, the 03/01/2019 initial report stated that the examination of the bilateral extremities revealed no deformity, the Tinel's sign, and the Finkelstein's test were negative and that the applicant had normal range of motion in his wrists and digits, bilaterally. The applicant reiterated that he could not use his head pointer for too long as it gave him neck pain. The applicant had treated with Dr. O. Lang from 03/01/2019 through 05/28/2019. Page 57 – The applicant had bought the head pointer after 02/15/2019, but he had already been using the pedals and the Dragon speaking software when he was still working with Biotelemetry. That was as both his hands were in pain. Page 58 – The applicant confirmed that Dr. O. Lang's 05/28/2019 permanent and stationary report restricted the applicant from using the computer.

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10/21/19 Babak J. Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group

Initial Evaluation. CC: Patient was injured during the course of his usual and customary work. He has worked as an EKG technician, which requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left. His left developed pain problems. He initially had pain around wrist area. Pain has gradually traveled up the arm towards the neck. He also has occasional pain. His pain is constant at low level, exacerbated by hand activity. Pain wakes him up at night. When he does not do anything, his hand does not hurt. Pain increases with activity, especially computer work, cell phone use, and writing. Inactivity, Advil, deep massage makes the pain better. Dx: Cumulative trauma injury to both upper extremities. Tx Plan: On exam, patient had normal range of motion in all the joints of his upper extremities. He does have cumulative trauma injury which is brought on by activity. Recommended 12 sessions of acupuncture and 12 sessions of soft tissue mobilization/massage therapy. If he does not respond to conservative measures, an evaluation at a CARF-certified FRP program would be indicated. Work Status: Not Permanent and Stationary. Work Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 lbs. F/u in 4 weeks.

11/22/19 Jessica Aikin, PA-C/Babak Jamasbi, MD - Pain and Rehabilitative

Consultants Medical Group Progress Note. CC: Patient presents for followup on pain in his bilateral hands. He continues to report bilateral hand pain, right greater than left.

Occasionally pain radiates up his arms towards his neck. Pain is worse with repetitive use of

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his upper extremities, excessive typing or computer work. Pain is better with conservative treatment. He reports having pain flair with the use of massage therapy, this dramatically increased his pain. He also has been going to acupuncture treatment. This does help with his pain. With regard to medication, he does take Advil as needed for pain. Dx: Other long term (current) drug therapy. Tx Plan: Prescribed Voltaren 1% gel. He will continue with acupuncture treatment, he has approximately 7 appointments remaining. Before acupuncture treatment his pain is a an 4-6/10, this will decrease down to approximately down to a 2-3/10, this allows him to use his hands more. Will request for 6 additional sessions so he can continue this. Okay to discontinue massage therapy, TENS dramatically increased his pain. If he does not respond to conservative measures, an evaluation at the Northern California functional restoration program would be indicated. He is scheduled for QME on 01/23/20. Work Status: Patient is not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 lbs. F/u in 4 weeks.

01/10/20 Jessica Aikin, PA-C/Babak J. Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group PTP's Progress Report. CC: Patient presents for f/u on his bilateral hand pain. He denies any changes to his pain complaints. He continues to report bilateral hand and arm pain, right greater than left. Occasionally pain radiates up from his hands into his bilateral forearms and up towards his neck. Pain is worse with repetitive use of his upper extremities, typing, or computer work. Pain is better with conservative treatment. He reports improvement with acupuncture and has been approved for 6 additional sessions.

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Massage therapy did not really help as the practitioner was only able to focus on his hands while it is really his whole arms that are painful to him. He would be interested in continuing with this treatment if it were to include both arms rather than just both hands. With regard to medication, he reports improvement with Voltaren gel. Requested refill. Dx: 1) Other soft tissue disorders related to use, overuse and pressure, left forearm. 2) Other soft tissue disorders related to use, overuse and pressure, right forearm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right upper arm. Tx Plan: Prescribed Voltaren gel. Approved for 6 additional sessions of acupuncture. Requested 6 sessions of massage therapy. FRP would be indicated if he does not respond to conservative measures. He is scheduled for QME on 01/23/20. Work Status: Off work. Not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 lbs. F/u in 4-6 weeks.

01/15/20 Julis Fellows, PA-C/Babak Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group PTP's Progress Report. CC: Patient presents for followup of pain in his bilateral hands. He presents for an early followup currently due to a flare up of pain. He reports increased pain, right more than left, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes his pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity. He reports improvement with acupuncture treatment and he has recently been approved for 6 additional sessions. With regard to massage therapy, he

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reports that this did not really help as the practitioner was only able to focus on his hands, while it is really his whole arms that are painful to him. He would be interested in continuing with this treatment if it were to include both arms rather than just both hands. Dx: 1) Other soft tissue disorders related to use, overuse and pressure, left forearm. 2) Other soft tissue disorders related to use, overuse and pressure, right forearm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right upper arm. Tx Plan: Patient was injured during the course of his usual and customary work. He has worked as an EKG technician and his requires him to perform repetitive activity using his hand. He has to click frequently. He started developing pain in his right hand and switched to the left. He presents due to an acute increase in his upper extremity symptoms. On exam he has full ROM of the bilateral shoulders with some discomfort, His motor exam for the elbows and hands were WNL. However, he did have a positive Tinel's at both elbows. He has never had an EMG of the upper extremities to assess for ulnar or median neuropathy before. Currently, given that his symptoms have persisted for greater than 6 months and responded only minimally to conservative treatment, will request for an EMG. Pending the results, may consider a referral to a specialist. He has been approved for 6 more acupuncture sessions and will schedule these. He is scheduled for QME on 01/23/20. Will review this report when available. Work Status: Patient is not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing or pulling greater than 5 lbs. F/u in 4-6 weeks.

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02/10/20 Neeti Bathia, MD - Remedy Medical Group Progress Note. CC: Patient c/o bilateral hand pain. He has been referred for an upper limb electrodiagnostic study to evaluate bilateral hand pain. Dx: 1) Pain in left elbow. 2) Pain in left hand. Tx Plan: Electrodiagnostic study performed. Full report scanned into chart and results reviewed with patient.

02/26/20 Julis Fellows, PA-C/Babak Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group Progress Note. CC: Patient presents for followup on pain in his bilateral hands. At last visit, he presented early due to a flare up of pain. Currently, he still reports increased pain right greater than left, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well primarily to the 4th and 5th digits of the right upper extremity. He reports improvement with acupuncture treatment and he has completed all of his approved sessions. He would like to continue this if possible. He started massage therapy and it did cause some increased pain. He will try to be more vocal with the therapist. He states that he underwent an MRI and upper extremity EMG through his QME 3 weeks ago. Dx: 1) Other soft tissue disorders related to use, overuse and pressure, left forearm. 2) Other soft tissue disorders related to use, overuse and pressure, right forearm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right upper arm. Tx Plan: Prescribed Voltaren 1% Gel. Will request for 6 additional sessions of acupuncture currently. Work Status: Patient is not Permanent and Stationary. Restrictions: Repetitive activities using

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upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 lbs. F/u in 4-6 weeks.

03/25/20 Julis Fellows, PA-C/Babak Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group Progress Note. CC: Patient presents for followup on pain in his bilateral hands. At his last visit, he presented early due to a flare up of pain. Currently, he still reports increased pain, right greater than left, radiating from his hand/wrist to his elbow and then up to his right shoulder. He describes this pain as burning and almost like a pulling sensation. He does report numbness and tingling as well, primarily to the 4th and 5th digits of the right upper extremity. He reports improvement with acupuncture treatment, and he has completed all of his approved sessions. He was approved for 12 more sessions but the facility is currently closed due to COVID 19. He will begin this when it is safe to proceed. He states that he attended 2/6 sessions of massage therapy but this caused a significant increase in pain. He did stop attending these for this reason. Do have his QME report from Dr. Stoller to review currently. Per him, he already underwent the recommended upper extremity EMG and some MRIs of his wrists. He has been using Voltaren gel for topical relief of his symptoms. However, he recently trialed lidocaine ointment instead and found this to be far more effective than Voltaren gel. He inquires about a prescription for this. Dx: 1) Other soft tissue disorders related to use, overuse and pressure, left forearm. 2) Other soft tissue disorders related to use, overuse and pressure, right forearm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right upper arm. Tx Plan: Prescribed Lidocaine 5% ointment. Will

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request for cervical MRI. Pending the results, will discuss the potential for epidural injections versus conservative treatment. Work Status: Patient is not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 lbs. F/u in 4-6 weeks.

04/01/20 Adam J. Stoller, MD –Remedy Medical Group Medical Legal Supplemental Report.

04/03/20 Jennifer Lin, MD - Simon Med Radiology/Diagnostics. MRI of Cervical Spine without Contrast. Indication: Pain. Impression: 1) Mild multilevel degenerative changes of the cervical intervertebral discs and facets including a 4 mm left posterior lateral disc osteophyte complex at C5-C6 and 3 mm left paracentral extension at C6-C7 extending 2 mm superiorly and 2 mm inferiorly from the intervertebral disc level. 2) Moderate right C3-C4, severe bilateral C5-C6 neural foraminal narrowing. 3) Mild C5-C6 and C6-C7 central canal stenosis.

04/06/20 Adam J. Stoller, MD - Remedy Medical Group Medical Legal Supplemental Report.

04/24/20 Jessica Aikin, PA-C/Babak J. Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group PTP's Progress Report. CC: Patient is here to f/u on pain in his

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bilateral hands. He continues to report pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling." He continues to report numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment. He was approved for acupuncture treatment and he has had around 3 sessions so far. He had cervical MRI, do have this for review. EMG was done at his QME evaluation. He report improvement with topical medications. He requested refills. Dx: 1) Other soft tissue disorders related to use, overuse and pressure, left forearm. 2) Other soft tissue disorders related to use, overuse and pressure, right forearm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right upper arm. Tx Plan: Approved for additional acupuncture therapy and had around 3 sessions so far. Discontinued massage therapy due to increased pain. He did have QME with Dr. Stoller on 01/23/20. According to Dr. Stoller, patient is not MMI. Recommended upper extremity EMG and cervical spine MRI. Discussed possibility of CESI. He will take time to think about this and will consider requesting at subsequent f/u visits. Prescribed Voltaren gel and lidocaine cream. Consider trial of neuropathic medications in future. He prefers topical medications at this time. Work Status: Off work. Not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 lbs. F/u in 4-6 weeks.

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RE: SHOCKLEY, Jonathan

05/29/20 Jessica Aikin, PA-C/Babak Jamasbi, MD - Pain and Rehabilitative

Consultants Medical Group PTP's Progress Report. CC: Patient presents for followup on pain in his arms and bilateral hands. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment. He has recently completed 12 sessions of acupuncture treatment, with these sessions he reports a 30% reduction in pain complaints. This treatment allows him to be more active, and rely less on medications. He would be interested in continuing with this treatment. With regard to medication, he continues with Lidocaine cream and Voltaren gel as topical medications. He does request for refills currently. Dx: 1) Cervical disc disorder with radiculopathy, unspecified cervical region. 2) Other soft tissue disorders related to use, overuse and pressure, right upper arm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right forearm. Tx Plan: Will request for 12 additional sessions of acupuncture treatment based on functional improvement as discussed. Discussed the possibility of CESI, he has thought about injections, and he has decided to defer at this time. He would be interested in a surgical consultation, will request for this currently with Dr. Paul Slosar. With regard to medication, Voltaren gel and Lidocaine cream refilled currently. He prefers topical medications at this time. Work Status: Patient is not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 lbs. F/u in 4-6 weeks.

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RE: SHOCKLEY, Jonathan

06/12/20 Jessica Aikin, PA-C/Babak Jamasbi, MD - Pain and Rehabilitative

Consultants Medical Group Progress Note. CC: Patient is here to f/u on pain in his arms and bilateral hands. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He has numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment. Since his most recent visit, he has been approved for 12 additional sessions of acupuncture treatment. Also have Dr. Bathia's BUE, EMG report from 02/10/20. The request for surgical consult for the neck was denied and will be appealed. With regard to medication, he continues with Lidocaine cream and Voltaren gel as topical medications. He denies side effects with his medications. He does not request for refills. Dx: 1) Cervical disc disorder with radiculopathy, unspecified cervical region. 2) Other soft tissue disorders related to use, overuse and pressure, right upper arm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right forearm. 5) Lesion of ulnar nerve, unspecified upper limb. Tx Plan: Massage therapy exacerbated his pain. He is not currently working. He did have a QME with Dr. Stoller on 01/23/20. Per Dr. Stoller, the he is not yet MMI. He recommends an upper extremity EMG to assess his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy, Cervical MRI was completed on 04/03/20 and is reviewed, EMG was completed on 02/10/20 with Dr. Neeti Bathia, this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side. Requested for surgical consult for the

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RE: SHOCKLEY, Jonathan

bilateral elbows to address bilateral ulnar neuropathy, with Dr. Leonard Gordon. He has a QME re-evaluation with Dr. Stoller on 08/20/20. He has been approved for 12 additional sessions of acupuncture treatment. Will monitor his response. With regard to the cervical spine, MRI of the cervical spine from 04/03/20 shows a 4 mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. Discussed the possibility of CESI, he defers injections at this time. The request for surgical consultation with Dr. Paul Slosar was denied and will be appealed. No medications refilled at this visit. Work Status: Not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 lbs. F/u in 4-6 weeks.

06/23/20 Andreas Schwerte, LAc Patient participated in acupuncture therapy sessions from 11/05/19 to 06/23/20.

07/10/20 Jessica Aikin, PA-C/Babak Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group PTP's Progress Report. CC: Patient was not physically able to come into the office due to compliance with the current National Emergency guidelines for the COVID-19 pandemic therefore a telemedicine followup visit was done currently. He presents for followup of pain in his arms and bilateral hands. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates

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RE: SHOCKLEY, Jonathan

from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports that pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment. He has been approved for a surgical consultation for the bilateral elbows with Dr. Leonard Gordon to discuss ulnar mononeuropathy at the bilateral elbows. This appointment is scheduled for 07/22/20. With acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. He would like to continue with this treatment modality. With regard to medication, he continues with lidocaine cream and Voltaren gel as topical medications. He does request for refills currently. Dx: 1) Cervical disc disorder with radiculopathy, unspecified cervical region. 2) Other soft tissue disorders related to use, overuse and pressure, right upper arm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right forearm. 5) Lesion of ulnar nerve, unspecified upper limb. Tx Plan: Patient was injured during the course of his usual and customary work. He has worked as an EKG technician and requires him to perform repetitive activity using his hands. Massage therapy exacerbated his pain. He is not currently working. He did have a QME with Dr. Stoller on 01/23/20. Per Dr. Stoller, he is not yet MMI. He recommends an upper extremity EMG to asses his neuropathic symptoms as well as a cervical spine MRI to rule out radiculopathy. Cervical MRI was completed on 04/03/20 and is reviewed, EMG was completed on 02/10/20 with Dr. Neeti Bathia, and this shows demyelinating ulnar mononeuropathy bilaterally across the elbows, no evidence of median, radial, or cervical radiculopathy on either side. With regard to the bilateral elbows, he has been approved for a surgical consult to address bilateral

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RE: SHOCKLEY, Jonathan

ulnar neuropathy with Dr. Leonard Gordon. He is scheduled on 07/22/20. He has a QME re-evaluation with Dr. Stoller on 08/20/20. He continues with acupuncture treatment currently, with benefit. Will request for 12 additional sessions based on functional improvement as discussed. With regard to the cervical spine, MRI of the cervical spine from 04/03/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right, shoulder and deltoid pain. Discussed the possibility of CESI, he defers injections. Request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. He will continue to discuss this with his attorney. Refilled lidocaine cream and Voltaren gel. Work Status: Patient is not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing or pulling greater than 5 lbs. F/u in 4-6 weeks.

07/22/20 Leonard Gordon, MD - Hand and Microsurgery Medical Group, Inc
Orthopaedic Hand Surgery Consultation. HPI: Patient states that on 02/15/19, he noted pain in his right hand and then the left, especially with use of the mouse. He made some ergonomic changes and moved to a pedal with no improvement. He was treated by Dr. Lane and taken off work, and he was diagnosed with a repetitive stress injury. He was sent for extensive therapy with no improvement, and he was assessed as permanent and stationary in 07/2019. He then was referred to Dr. Jamasbi and continued off work, and he had a QME by

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RE: SHOCKLEY, Jonathan

Dr. Stoller in 10/2019. An electrodiagnostic study was done, which showed ulnar neuropathy at both elbows and a question of a radiculopathy at C6-C7. Dr. Jamasbi sent him for acupuncture treatment with temporary relief. He was also sent for massage, and he states he is concerned that the massage in fact made him worse, especially on the right side. He presents at this time for surgical consultation. CC: Currently, patient has generalized pain in the extremities that is poorly localized. He does not have any specific symptoms at night. He has pain around the shoulder radiating distally. There are no localizing features. He states he does have a tremor in the hand. Dx: Repetitive Stress injury, right hand and repetitive stress injury left hand. Assessment: Patient appears to have repetitive stress as far as his right and left upper extremities are concerned. Can find no evidence for nerve entrapment despite the fact that the electrodiagnostic study at both elbows shows cubital tunnel syndrome. The provocative tests do not indicate that to be the case. Unable to confirm this, and there are no localizing features. Do not find any other problem, other than a nonspecific cumulative trauma in the extremities. There is a question of a nerve problem in the neck with a question of radiculopathy, although this radiculopathy was at the C6-C7 level and his symptoms of the cubital tunnel and ulnar side of the hand primarily would be C8-T1. That said, would leave it up to Dr. Jamasbi and a neck specialist to assess whether there are neck problems, although the extremity problems do not appear to arise from the neck. Do not feel, therefore, that there are any surgical options that would be helpful. If anything changes, would be pleased to reassess this.

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RE: SHOCKLEY, Jonathan

08/07/20 Jessica Aikin, PA-C/Babak J. Jamasbi, MD - Pain and Rehabilitative

Consultants Medical Group PTP's Progress Report. CC: Patient presents for followup on pain in his arms and bilateral hands. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment. He did see Dr. Leonard Gordon on 07/22/20, regarding ulnar mononeuropathy at the bilateral elbows as seen on most recent EMG. Per him, Dr. Gordon feels that this may have been a misdiagnosis and he did not recommend surgery. Our request for 12 additional sessions of acupuncture treatment has been denied, according to him. Do not yet have this denial letter, but will review when made available so that can appeal. As previously discussed with acupuncture treatment, he reports a reduction in his pain complaints from a 4-5/10 to a 2-3/10, constituting a 10-20% reduction in his pain complaints for 2-3 days. His pain is made worse with massage therapy. With regard to medication, he continues with Lidocaine and Voltaren gel as topical medications. He does request for refills currently. Dx: 1) Cervical disc disorder with radiculopathy, unspecified cervical region. 2) Other soft tissue disorders related to use, overuse and pressure, right upper arm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right forearm. 5) Lesion of ulnar nerve, unspecified upper limb. Tx Plan: Refilled Lidocaine 5% ointment and Voltaren 1% gel. With regard to the bilateral elbows he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on 07/22/20. Per him, he is not being recommended for surgery.

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RE: SHOCKLEY, Jonathan

Will request for Dr. Gordon's report. He has a QMF re-evaluation with Dr. Stoller, which has currently been postponed until 01/2021. Per him, our recent request for 12 additional sessions of acupuncture has been denied. Will appeal this based on functional improvement as discussed. Discussed CESI, he defers injections. Request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Will re-request for surgical consultation for the neck currently as this was included in his QME. Will request for TPI in the bilateral trapezius region. Did discuss his work restrictions currently. He has significant pain in his arms with extended periods of typing and computer work, therefore have updated his work restrictions to reflect this currently. Work Status: Patient is not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift. Light computer work for up to an hour for an 8 hour shift. No lifting, pushing, or pulling greater than 5 lbs.

09/04/20 Jessica Aikin, PA-C/Babak J. Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group PTP's Progress Report. CC: Patient presents for f/u on his arms and bilateral hands. He continues to report bilateral arm pain with pain in his bilateral upper extremities, right greater than left. Pain radiates from hands and wrist up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling." He reports pain in his neck as well as numbness and tingling in his 4th and 5th digits. Pain is worse with activity and better with conservative treatment. Request for 12 sessions of acupuncture was denied and is in process of appeal. In the meantime, he would be interested

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RE: SHOCKLEY, Jonathan

in trying aqua therapy. He continues with lidocaine and Voltaren gel and requested refills.

Dx: 1) Cervical disc disorder with radiculopathy, unspecified cervical region. 2) Other soft tissue disorders related to use, overuse and pressure, right upper arm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right forearm. 5) Lesion of ulnar nerve, unspecified upper limb. Tx Plan: Prescribed gabapentin, Voltaren gel, and lidocaine. Regarding bilateral elbow, he was approved for a surgical consult and did see Dr. Leonard Gordon on 07/22/20. Per patient, he is not being recommended for surgery. Request Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report. His QME reevaluation with Dr. Stoller was postponed until 01/2021. His acupuncture therapy request was denied and recommended 6 sessions of aqua therapy for his wrists, hands, and elbows. MRI of his cervical spine from 04/03/20 showed a 4 mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. Severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right shoulder and deltoid pain. Discussed CESI, he defers injections. Request for surgical consultation with Dr. Paul Slosar was deferred on basis that his insurance is disputing liability for the body parts of the neck and bilateral upper arm. The recent re-request for surgical consultation for the neck, as well as TPI in bilateral trapezius region were deferred due to dispute of liability of the neck as part of his claim. Refilled lidocaine and Voltaren gel. Prescribed gabapentin at night and monitor his response at next visit, consider titrating up to full therapeutic dosing if tolerated. Work Status: Not Permanent and Stationary.

Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. No lifting, pushing, or pulling greater than 5 lbs. F/u in 4-6 weeks.

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RE: SHOCKLEY, Jonathan

09/20/20 Adam J. Stoller, MD - ReMeDy Medical Group Medical Legal Supplemental Report.

09/25/20 Jessica Aikin, PA-C/Babak J. Jamasbi, MD - Pain and Rehabilitative Consultants Medical Group PTP's Progress Report. CC: Patient presents for followup on pain in his arms and bilateral hands. He denies acute changes to his pain complaints currently. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists up to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment. He has been approved for 6 sessions of aqua therapy. With regard to medication, he continues with Lidocaine cream and Voltaren gel as topical medications. He denies side effects with his medications. He does request for refills currently. He took one tablet of gabapentin that was prescribed at his previous visit, and he reports extreme fatigue for days from this medication. Dx: 1) Cervical disc disorder with radiculopathy, unspecified cervical region. 2) Other soft tissue disorders related to use, overuse and pressure, right upper arm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right forearm. 5) Lesion of ulnar nerve, unspecified upper limb. Tx Plan: Refilled Lidocaine 5% ointment and Voltaren 1% gel. With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar

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neuropathy and did see Dr. Leonard Gordon on 07/22/20. Per him, he is not being recommended for surgery. Have requested for Dr. Gordon's report as well as Dr. Liberty Jenkins new EMG report. He has a QME re-evaluation with Dr. Stoller, which has currently been postponed until 01/2021. Request for 12 additional sessions acupuncture has been denied on appeal and submitted for IMR review, no updates currently. He has been approved for 6 sessions of aqua therapy for his wrists, hands, and elbows. Will monitor his response to this treatment. Discussed CESI, he defers injections. Request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim. With regard to his work restriction, have indicated that he can perform 1 hour of computer work in an 8 hour day, are unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment and if he receives adequate treatment for his cervical spine, which is currently being disputed as a coveted body part despite having an MRI of the cervical spine authorized. Work Status: Patient is not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8 hour shift. Light computer work for up to an hour for an 8 hour shift. No lifting, pushing, or pulling greater than 5 lbs. F/u in 4-6 weeks.

11/06/20 Jessica Aikin, PA-C/Babak J. Jamasbi, MD - Pain and Rehabilitative

Consultants Medical Group PTP's Progress Report. CC: Patient was not physically able to

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RE: SHOCKLEY, Jonathan

come into the office due to compliance with the current National Emergency guidelines for the COVID-19 pandemic therefore a telemedicine followup visit was done currently. He presents via Facetime to follow up on pain in his arms and bilateral hands. He denies acute changes to his pain complaints. He continues to report bilateral arm pain, with pain in his bilateral upper extremities, right greater than left. Pain radiates from his hands and wrists tip to his elbows and he has pain in his right deltoid region and shoulder. Pain is described as burning and "pulling". He reports pain in his neck as well as numbness and tingling into his right 4th and 5th digit. Pain is worse with activity and better with conservative treatment. He has been approved for 6 sessions of aqua therapy, but these are currently on hold as no pool facility is open due to COVID-19. Previously, he had been attending acupuncture therapy with benefit but additional sessions have been denied on appeal. He met with Dr. Gordon for a surgical consult on 07/22/20, reviewed. With regard to medication, he continues with lidocaine cream and Voltaren gel as topical medications. He does request for refills. He reports that a few months back he took gabapentin briefly to see if it would improve his upper extremity pain. However this caused extreme fatigue which he still feels is occurring. Due to the fatigue, he had some blood work done that showed elevated TSH. He attributes this elevation in TSH to his use of gabapentin and inquires about having this level repeated. This is discussed. Dx: 1) Cervical disc disorder with radiculopathy, unspecified cervical region. 2) Other soft tissue disorders related to use, overuse and pressure, right upper arm. 3) Other soft tissue disorders related to use, overuse and pressure, left upper arm. 4) Other soft tissue disorders related to use, overuse and pressure, right forearm. 5) Lesion of ulnar nerve, unspecified upper limb. Tx Plan: With regard to the bilateral elbows, he was approved for a surgical consult to address bilateral ulnar neuropathy and did see Dr. Leonard Gordon on

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RE: SHOCKLEY, Jonathan

07/22/20. Per this report, Dr. Gordon does not recommend any surgery. He also was not able to confirm the presence of ulnar neuropathy through physical exam despite it being present on his EMG. He reportedly underwent a repeat EMG with Dr. Liberty Jenkins and apparently this report also showed the presence of ulnar neuropathy. Did not have this report for review. Given that Dr. Gordon does not recommend a surgical intervention, will resubmit for acupuncture with a change in material facts with his report attached. He has been approved for 6 sessions of aqua therapy for his wrists, hands, and elbows these are currently on hold due to COVID-19. With regard to the cervical spine, MRI of the cervical spine from 04/03/20 shows a 4mm left disc osteophyte at C5-C6 causing severe bilateral neural foraminal stenosis as well as a left paracentral disc protrusion at C6-C7, mild central stenosis from C5-C7. The severe bilateral neural foraminal stenosis at C5-C6 may be contributing to right, shoulder and deltoid pain. Discussed the possibility of CESI, he defers injections. Request for surgical consultation with Dr. Paul Slosar was deferred on the basis that his insurance is disputing liability for the body parts of the neck and the bilateral upper arms. Recent re-request for surgical consultation for the neck, as well as TPI in the bilateral trapezius region, were deferred due to dispute of liability of the neck as part of his claim. QME with Dr. Stoller has been postponed until 01/2021. With regard to his work restrictions, indicated that he can perform 1 hour of computer work in an 8 hour day, unable to determine how long these work restrictions are going to be in effect, this largely depends on how he continues to respond to treatment and if he receives adequate treatment for his cervical spine, which is currently being disputed as a covered body part despite having an MRI of the cervical spine authorized. He states that he was recently let go from his employer. With regard to medications, Voltaren gel and lidocaine ointment refilled. Gabapentin discontinued

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RE: SHOCKLEY, Jonathan

due to side effects. As mentioned, he has been having considerable fatigue after trialing gabapentin for a short amount of time. He apparently had abnormal TSH shortly after discontinuing gabapentin and he believe that the medication is responsible for the abnormal level. Since he took such a low dose for such a short amount of time, it is hard to say if gabapentin truly did cause the TSH level abnormality. He does feel that the fatigue is improving however so will not be ordering a repeat level currently. Work Status: Patient is not Permanent and Stationary. Restrictions: Repetitive activities using upper extremities limited to 1 hour in an 8-hour shift. Light computer work for up to an hour for an 8 hour shift. No lifting, pushing or pulling greater than 5 lbs. F/u in 4-6 weeks.

IMPLICATIONS OF MEDICAL RECORD REVIEW:

The patient's PTP, Dr. Jamasbi, is appropriately treating the patient's radiculopathy, which may be responsible for more of the patient's symptoms than the carpal tunnel syndrome. Referral to a spine surgeon is a wise therapeutic decision. Both the cervical radiculopathy and the carpal tunnel syndrome are medically likely to have resulted from Mr. Shockley's work with long hours mousing and in a suboptimal ergonomic position while doing this computer work.

The patient is not P and S. He should be seen 1 year after decompressive cervical surgery or when curative treatment options are exhausted.

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RE: SHOCKLEY, Jonathan

"I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under the penalty of perjury."

Sincerely,



Adam J. Stoller, M.D.

CC: Mario Castro, Claims Adjuster

James Goines, Defense Attorney

Zachary Kweiler, Applicant Attorney

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Re: *Jonathan Shockley v. Cardionet LLC*
ADJ: *ADJ12031731*

PROOF OF SERVICE

I, the undersigned, am over 18 years of age and not a party to the within-entitled action. I am employed at and my business address is Pacific Workers, 333 Hegenberger Road, Suite 504, Oakland, CA 94621.

On December 8, 2020 I served the following:

Demand of Acceptance

BY MAIL: I am readily familiar with the firm's practice for collecting and processing mail with the U.S. Postal Service. Under that practice, mail would be deposited with the U.S. Postal Service that same day with postage thereon fully prepaid at Oakland, California in the ordinary course of business, addressed as follows, unless otherwise noted:

BY FACSIMILE: I served a true and correct copy of the document(s) listed above via Facsimile to the following facsimile number(s). Said transmission was reported complete without errors.

Mr. James J. Goines
Colantoni Collins San Francisco
555 Corporate Drive, Suite 205
Ladera Ranch, CA 92694
Fax 541-278-9744

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed on December 8, 2020 at Oakland, California.


Sara Guzman